



BOROUGH OF WHITEHAVEN.

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# ANNUAL REPORT

OF THE

MEDICAL OFFICER OF HEALTH,

For the Year 1920.

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T. S. MC.INTOSH, M.A., M.D., M.R.C.P.E., D.P.H.,

*Medical Officer of Health.*

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—  
1921.



# TO THE WHITEHAVEN TOWN COUNCIL.

TOWN HALL,

WHITEHAVEN,

8th October, 1920.

GENTLEMEN,

I beg to submit the following report on the first three-quarters of the year 1920.

The various conditions which have a bearing on the Public Health were fully dealt with in my Annual Report for 1919, and it therefore appears necessary only to make a statement of the work done and the principal events which have occurred during 1920.

## VITAL STATISTICS FOR THE FIRST THREE-QUARTERS OF THE YEAR.

	<i>Male.</i>	<i>Female.</i>	<i>Total.</i>
Number of Births Registered ...	261	255	516
Illegitimate ... ..	17	11	28
Born in the Workhouse ...	3	3	6

Birth-rate—35.82 per 1,000 per annum.

Number of Deaths Registered ...	...	...	273
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Death-rate—19.74

Deaths of Infants under one year of age	...	57
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Infantile Mortality Rate—110.46 per 1,000 live births.

These are the numbers of births and deaths registered in the district, and no account is taken of transferable deaths, as the necessary information for correction is not at present available. This information will be supplied to your M.O.H. for the whole year, by the Registrar General, who also furnishes an analysis of the deaths. Detailed comment under these circumstances, and on figures for a portion of the year only, would not be of great value. The following figures, however, are of interest :—

## CAUSES OF INFANTILE DEATHS.

Cause.	Number.
Premature Birth ... ..	4
Wasting Conditions (Atrophy, Debility, Marasmus, etc.) ...	7
Congenital Malformations ... ..	3
Accident at Birth ... ..	1
Congenital Syphilis ... ..	3
Diarrhœa and Enteritis ... ..	7
Whooping Cough ... ..	4
Bronchitis and Pneumonia ... ..	14
Influenza ... ..	2
Tuberculosis—"General" ... ..	1
Pulmonary ... ..	0
Meningitis ... ..	0
Abdominal ... ..	1
Other Forms ... ..	0
Meningitis (Non-tubercular) ... ..	1
Convulsions ... ..	4
Accidental ... ..	1
Other Causes ... ..	4
Total ... ..	57

It will be seen that Premature Birth, Wasting Conditions and Congenital Malformations account for fourteen deaths, or one-quarter of the whole, the cause in these cases being operative as a rule before birth. Bronchitis and Pneumonia also account for fourteen deaths, and Diarrhœa and Enteritis for seven.

## DEATHS FROM THE EIGHT PRINCIPAL ZYMOTIC DISEASES.

Cause.	Number.
Smallpox ... ..	0
Measles ... ..	2
Scarlet Fever ... ..	0
Diphtheria and Croup ... ..	0
Whooping Cough ... ..	6
Typhus Fever ... ..	0
Enteric Fever ... ..	0
Diarrhœa and Enteritis (under two years of age) ...	8
Total ... ..	16

The above is a very satisfactory record. There are no deaths from Scarlet Fever or Diphtheria or from the rarer fevers, and only two deaths from Measles as against thirty-nine for the whole of 1919.

THE FOLLOWING DEATHS OCCURRED FROM OTHER  
INFECTIOUS DISEASES.

Influenza ... ..	9
Cerebro-spinal Meningitis ... ..	1
Tuberculosis—" General " ... ..	1
Pulmonary ... ..	18
Other Forms ... ..	12
Puerperal Fever ... ..	2

There were thus eighteen deaths from Pulmonary Tuberculosis and thirty-one deaths from all forms of Tuberculosis. Tuberculosis accounts for more than one-ninth of all the deaths, a fact which indicates what a very serious scourge this disease is. (See remarks under " Infectious Diseases Notified.")

SANITARY INSPECTION OF DISTRICT.

The work of the Inspector of Nuisances has been carried on as usual, and cases reported to the Health and Housing Committee where failure to abate nuisances occurred. When necessary I have personally inspected premises where nuisances were reported. A detailed report for the whole year will be furnished by the Inspector of Nuisances, and I have not thought it necessary to ask him to provide a statement for a portion of the year.

FOOD.

I have personally inspected the Dairies, Cowsheds and Milk-shops in the Borough and have, in several cases, made one or more re-inspections where the conditions found on the first inspection were unsatisfactory.

The conditions under which milk is produced and distributed are very far from satisfactory, and there is no doubt that a great quantity of dirty milk is consumed. I do not think that the situation with regard to the milk-supply is worse in Whitehaven than in many other parts of the country. It is notoriously bad throughout the country as a whole. I reported very fully on this subject to the Health and Housing Committee, on 30th July, 1920, and need not say very much here.

Briefly, what is required is education of the public to demand clean milk, and education of the dairymen and their employees to provide it.

Education of the dairymen and their employees could only be accomplished by very frequent inspections by an Inspector who had practical experience of dairy work as well as good knowledge of the sanitary requirements, and by prosecution where the dairyman, after warning, continued to disregard the Regulations.



The Council's Regulations under the Dairies, Cowsheds and Milk-shops Orders, might with advantage be improved and strengthened, but this should be deferred until the Milk and Dairies Consolidation Act, 1915 (at present suspended) comes into operation. The chief difficulty, however, is the enforcing of the Regulations. However perfect they may be, they are obviously useless unless they can be enforced, and this could only be done by very frequent inspections, which should, as a rule, be made at milking-time.

The present methods of distribution, by milk-carts passing along the streets and delivering milk into consumers' vessels in the street, or by retailing from small general shops, are particularly bad and are probably accountable for the most serious contamination of the milk. It is doubtful whether these methods of distribution could be stopped compulsorily. They will probably not be put a stop to until the consumers themselves waken up to their dangers and demand proper methods.

In order to hasten the education process, both as regards the dairymen and the general public, I believe much good might be done by Local Authorities establishing model dairy-farms and distributing systems in their districts and selling milk at the current price (I am not proposing this as a measure for immediate adoption, but throwing it out as a suggestion worth considering). This would help to educate the people to demand clean milk, and at the same time would serve as an object lesson to dairymen in the district. Demonstrations of proper methods could be given to those dairymen who had enough enterprise to take advantage of them, and a standard would be set up in the district which would show up the faultiness of those dairymen who had no wish to improve their methods. The usual objections to Municipal Trading would no doubt be raised, but however valid these objections may be, on general principles, they should not be allowed to stand in the way of an enterprise initiated purely in the interests of the Public Health.

#### INSPECTION OF FOODSTUFFS.

I have, on four occasions, inspected foodstuffs suspected to be unsound.

Two of these were cases of carcasses of beef extensively affected with Tuberculosis.

One was the case of a consignment of forty-three carcasses of mutton, all in a state of decomposition—apparently due to delay in the railway and conveyance in an unsuitable wagon. It is very unfortunate that bad management should result in such a deplorable waste of food.

On the other occasion a small quantity of fish was found to be in a state of decomposition.

In all four cases the food was destroyed under my instructions. On each occasion I was asked to see the food by the person in possession of it. There was no attempt to sell it, and the proper course was adopted in asking me to examine it. Under such circumstances, in the case at least of carcasses of beef, which are very difficult to dispose of, I feel that it is rather hard that the owners should not only suffer the loss of the meat but should also be put to considerable expense and trouble in disposing of the carcase through the absence of any system of municipal destruction. It is important to do what can be done to encourage merchants to surrender bad food voluntarily. As the question of refuse disposal is at present under consideration by the Council, I recommend that the question of disposal of trade refuse should be considered. Proper disposal of trade refuse is a somewhat important matter from the point of view of preventing nuisance, and if the Council is prepared to undertake its disposal either at a moderate charge, or free of charge, there is then no excuse for traders disposing of it in an unsatisfactory manner.

#### CASES OF INFECTIOUS DISEASE NOTIFIED, January to September, 1920.

DISEASE.	NUMBER OF CASES NOTIFIED.								Total Cases removed to Hospital.
	At all Ages.	At Ages—Years.							
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and up-wards.	
Diphtheria (including Membranous Croup	7	...	1	1	2	3	...	...	4
Erysipelas ...	6	...	...	...	...	3	1	1	...
Scarlet Fever ...	18	...	4	14	...	...	...	...	13
Puerperal Fever ...	2	...	...	...	2	...	...	...	...
Cerebro-spinal Fever	1	...	...	1	...	...	...	...	...
Ophthalmia Neonatorum	17	17	...	...	...	...	...	...	...
Tuberculosis, Pulmonary	48	...	...	7	20	14	7	...	...
„ Other forms	11	...	1	7	3	...	...	...	...
Pneumonia ...	1	...	...	...	...	1	...	...	...
Dysentery ...	1	...	...	...	...	...	...	...	...
*Chicken-pox ...	10	...	2	7	1	...	...	...	...
Totals ...	122	17	8	37	28	21	8	1	17

\*Made notifiable on 13th August.

Age unknown—Erysipelas, 1; Dysentery, 1.

With the exception of Tuberculosis and, perhaps, Ophthalmia Neonatorum, the above is a very satisfactory record. The most serious Fevers, such as Smallpox, Typhoid and Typhus Fevers, are completely absent from the list. Of Diphtheria there have been only seven cases, and no deaths. This is very remarkable in view of the fact that Diphtheria has been prevalent in neighbouring districts. In no case did the occurrence of Diphtheria in one member of a family lead to the infection of other members of the family, or, so far as one can judge, of other persons. No doubt prompt isolation has had a good deal to do with this. The conditions in the Borough would appear to be almost ideal for *encouraging* the spread of Diphtheria, and yet, although there have been a few cases every year there has not been a serious epidemic for many years. There is, undoubtedly, something about this disease which we do not as yet understand.

Eighteen cases of Scarlet Fever have occurred, and in my monthly report for July I expressed the opinion that an epidemic had begun. Fortunately that appears to have been a false prophesy. The disease did not spread to any considerable extent, and no deaths have occurred.

#### CEREBRO-SPINAL FEVER.

One case of this deadly disease occurred. It was diagnosed and treated in the Whitehaven and West Cumberland Infirmary, and the patient died. I had bacteriological examinations made of material from the throats of the other occupants of the patient's home and kept them under observation for some time. No further cases arose.

#### TUBERCULOSIS.

The position as regards Tuberculosis is a serious one. This disease alone accounted for thirty-one deaths. Many of the cases were ex-soldiers who, no doubt, might have resisted the disease, at least for years if not altogether, but for the hardships they were exposed to in war service. Thus, the present high incidence may be partly a temporary phenomenon. But making all allowance for that, Tuberculosis must be considered as a very serious menace to the Public Health in Whitehaven.

When housing conditions are bad there is a tendency to blame housing conditions for everything, but I think there can be little doubt that these must bear a great share of the blame in connection with Tuberculosis.

It has to be admitted that no satisfactory method of dealing with this disease has yet been discovered. There are



some forms of Public Health expenditure which are a good investment from the strictly financial point of view. I am afraid that is not so in the case of money spent on the treatment of cases of Tuberculosis so far advanced as to be definitely recognisable as such. It is no doubt right, on humanitarian grounds, to provide Sanatoria, Colonies and Village Settlements for the benefit of the unfortunate people who fall a victim to the disease—but on any other ground I am afraid the expense could not be justified.

Isolation of the acutely infectious (that is, as a rule, the advanced cases) is desirable, but it is a difficult problem. It means, in many cases, isolation till the patient dies. It must therefore, I think, be voluntary, not compulsory. Where the patient is willing to go to a hospital for this purpose it is well worth while to make provision for him. He is thus prevented from continuing to spread infection, and he is made more comfortable than he can be, as a rule, at home. The disease is not so acutely infectious as to make it necessary to forbid his friends to visit him. It is to be hoped that before very long it will be found possible to isolate most of the acutely infectious cases.

While it is doubtful if it will ever “ pay ” to provide treatment for cases of Tuberculosis, it will, undoubtedly, pay to remedy the conditions of life which favour the prevalence of Tuberculosis. Some of the most important of these are bad housing, dirt, insufficient or unsuitable food, undue strain, unduly long hours of work, insufficient rest and recreation ; bad ventilation of workshops and inhalation of various forms of dust at work. All the measures directed to improve these conditions should have their effect in combating Tuberculosis.

Of these conditions, only the first two (bad housing and dirty homes) are present to any serious extent in Whitehaven. I do not think that insufficiency of food plays an important part, but unsuitability of food may be operative to some extent. The dietary habits of the people are in many cases unwise, and the same amount of money more intelligently spent would enable them to provide themselves with much better nourishment. Much could be taught in the schools as to the value of various forms of food and methods of cooking. Nor does it appear that conditions at work in Whitehaven favour the onset of Tuberculosis to a serious extent. Coal mining is recognised to be a fairly healthy occupation, and, although much coal dust must be inhaled, this has not the serious effect that is produced by the harder forms of dust.

### DYSENTERY.

One case of this disease occurred, that of an ex-soldier, who was infected abroad. Advice was given as to the measures which should be taken to avoid infecting others.

### SMALLPOX.

In my Annual Report for 1919, I spoke of the danger of an epidemic of Smallpox, on account of the fact that less than half the children born of recent years have been vaccinated.

This year there has been a considerable outbreak in Glasgow, and cases have occurred in various parts of England and Scotland. A number of cases have occurred in Cheshire, so that Cumberland has had the disease on two sides of it among fairly near neighbours.

With a view to preventing the occurrence of cases in Whitehaven, warning notices recommending vaccination and re-vaccination have been issued. You have also, on my advice, made Chicken-pox temporarily a notifiable disease. The reason for this is, that mild cases of Smallpox are often diagnosed as Chicken-pox. Both these measures were suggested by the County Medical Officer of Health, and have been pretty uniformly adopted throughout the County. It is, of course, very desirable to have uniformity of method in matters of this sort throughout the whole County.

No case of Smallpox has occurred, but, as cases are still occurring in Glasgow and the South of Scotland, the danger is not yet past.

### CHICKEN-POX.

This was made notifiable on 13th August, and ten cases have been notified. In none of them was there anything to arouse a suspicion of their being Smallpox cases.

### NON-NOTIFIABLE INFECTIOUS DISEASES.

Some cases of Measles have occurred, but, as was to be expected after the severe epidemic of 1919, these have not been numerous. Two deaths have been certified as due to Measles.

Whooping Cough has been more serious and has caused six deaths. A considerable number of cases occurred in the early months of the year. It seems almost hopeless at present to do anything to control this disease. People apparently will not understand the dangers of the disease, both to the sufferers and to others. Children with the disease are allowed to run about and get chilled, with the result that serious or fatal

Bronchitis and Pneumonia often develop, and with the result also that the disease is spread. Many people appear to be absolutely devoid of conscience in the matter of spreading infection. They will take children suffering from Whooping Cough to the Child Welfare Centre and to the waiting-rooms of doctors' surgeries. I have heard them whooping in church.

They are, of course, excluded from school as soon as the disease is recognised.

Influenza was very prevalent in March and April. There was a great number of cases, and many children were absent from school on account of it. Nearly all of the cases were very mild. There were, however, nine deaths. This disease is spread to a great extent by those sufferers who are not sufficiently ill to have to take to bed. They go about coughing and sneezing, often without even the decency to put a handkerchief over their mouths and noses, and so infect others. Through the medium of the schools leaflets of advice were distributed, in the hope of doing something to limit the epidemic.

#### VENEREAL DISEASES.

These are prevalent, here as elsewhere, but there is no means of discovering the actual number of cases.

That Gonorrhœa is common is shown by the number of cases of Ophthalmia Neonatorum, though this gives only a slight indication of the prevalence of the disease.

Syphilis is also far from rare.

Free treatment is now given at the Whitehaven and West Cumberland Infirmary by a Specialist on the County Council Medical Staff, and good work is being done there. The treatment of Syphilis is an important element in prevention, since it greatly curtails the period of infectivity.

#### LICE—INFESTATION.

This is prevalent in Whitehaven to a deplorable extent. It is due to the want of personal and domestic cleanliness, more especially the former. It must be remembered that it is almost too much to expect personal cleanliness of people who live in dark court-houses which depend for their water supply on an outside tap, shared by several houses, and which have no sink or other indoor means of disposal of slop-waters, a state of matters which, as you know, is not uncommon. So that this, like most other defects in the Public Health is to some extent dependent on bad housing. The condition, however, is not confined to families which have this excuse,



In my Report for 1919, I stated that I hoped to have some recommendations to make on this subject in 1920. I regret to say that I am not able to suggest a solution of the problem. I had thought that it might be worth while for the Council to undertake the cleansing of persons and clothing—in fact to establish a cleansing and disinfecting station as some Councils have done. Mature consideration has brought me to the conclusion that I could not recommend this course to you with any degree of confidence.

It is not as if the real difficulty of the situation lay in any inherent difficulty in freeing a person and his clothing from lice. This can be done by ordinary domestic methods, very thoroughly applied, and with no further apparatus than soap and hot-water, a copper and a flat-iron. Some vinegar and a small-toothed comb are useful, but not absolutely necessary. The real difficulty lies in the fact that having been freed from lice it is necessary to observe cleanly habits constantly and persistently to avoid becoming infested again.

At present the only way in which we are dealing with the problem is in connection with the schools. Children found in a verminous condition are either excluded from school or (in less serious cases) kept under observation until cleansed. Directions for cleansing the children are sent to the parents and the nurses visit their homes, and by persuasion and exhortation, with, when necessary, a hint of penalties in the background, we can and do get these children cleansed by their parents. The great difficulty is that they often quickly relapse into their former condition. A municipal cleansing and disinfecting station would not prevent these relapses.

There is one advantage in undertaking the cleansing and disinfecting of persons. If a school-child is found to be verminous, and the parent, after due notice, fails to have the child cleansed, the Education Committee have the power to order the child's removal to the cleansing station for cleansing and disinfecting. If, after this is done, the child is again allowed to get into a verminous condition, the parent can be prosecuted under the Children Act, 1908.

Some good might be done in this way, but, in my opinion, the amount of good which can be done by prosecution is comparatively small.

I believe it would have an educational value if it could be carried out. But I am afraid that attempts at forcible cleansing of children in Whitehaven would raise such a storm of opposition that they would have to be dropped.

In any case, cleansing a number of school-children is only touching the fringe of the problem. What is required is that



you should cleanse all the occupants of the house simultaneously, and *at the same time* have all their clothing and bedding disinfected and the house thoroughly cleaned. Even then, unless from that moment the family turned over a complete new leaf and adopted consistently cleanly habits, they would relapse into their former condition.

While, then, the establishing of a cleansing and disinfecting station would have some value, I doubt, for the above reasons, if it would justify the expenditure.

It is to be hoped that the activities of the School Nurses will, in time, have a sufficiently educative effect to improve matters substantially.

There is one possible occasion on which it is the bounden duty of the Local Authority to see that a house and all its occupants are freed from lice. That is where a case of Typhus Fever has occurred in the house, since it is now accepted that the infection of Typhus is spread by the body-louse. Such a situation could be dealt with by cleansing the persons and disinfecting their clothing and bedding at the Isolation Hospital, and at the same time cleansing and disinfecting the house.

#### MATERNITY AND CHILD WELFARE.

##### MIDWIFERY DEPARTMENT.

One hundred and thirteen confinements have been attended by the Council's midwife, who, in the course of her duties, paid

- 150 ante-natal visits ;
- 1,437 ordinary midwifery visits ;
- 152 " post-natal " visits, *i.e.*, visits paid after the usual lying-in period.

That is to say, in a period of nine months, your midwife paid 1,739 visits in addition to attending 113 confinements. An immense amount of work is therefore being done, and I have no doubt that it is one of the most beneficial forms of service which the Council has undertaken. The midwife's time is not only fully occupied, but she has to refuse many cases. I believe that if the Council should decide to employ a second midwife it would not be very long before she also was fully employed, with great benefit to the people, if she should prove to be as efficient as your present midwife.

##### HEALTH VISITOR'S DEPARTMENT.

- 524 births (268 male and 256 female) have been notified including 21 still-births.
- 492 first visits have been paid and 1,772 cases re-visited.
- 4 ante-natal visits have been paid.

It will thus be seen that practically every new-born child is visited by the Health Visitors. There can be no doubt that a great deal of good is being done in this way, and the chief Health Visitor reports that when re-visiting she finds that most of the mothers are carrying out the advice given. I consider that great credit is due to your Health Visitors for the way in which they are carrying out their duties and the personal interest that they show in the mothers and children.

All the seventeen cases of Ophthalmia Neonatorum have been visited, and, except where the child is already being visited by a District Nurse, further visits are paid and help given in carrying out the treatment prescribed by the doctor. If a doctor has not been called in, the parents are advised to do this at once. All the cases except one have completely recovered. In one case the sight of one eye has been lost, or at least very severely damaged.

#### CHILD WELFARE CENTRE.

Two hundred and twenty-nine children have attended for the first time, and the total attendances have amounted to 1,650. Five children between the ages of two and five have attended, and two mothers have attended for advice with regard to themselves. Since the beginning of July the sessions have taken place at the new Centre, which is proving very satisfactory.

#### THE LOCAL AUTHORITIES, MILK (MOTHERS AND CHILDREN) ORDER, 1919.

Milk has been supplied free to expectant and nursing mothers and children in a few necessitous cases.

Twenty-four families in all have been supplied, and at the end of September there were three on the list.

Up till the month of August fresh milk was supplied, and the duty of investigating the family circumstances and arranging for a supply of milk, where necessary, was kindly undertaken by the Ladies' Benevolent Society. In August, however, acting on my advice, you decided that milk should be supplied in the form of dried milk, through the medium of the Child Welfare Centre. My chief reason for advising you to this course was the fact that dried milk appears to be a safer food for children than the fresh milk which is available.

#### PUERPERAL FEVER.

Two cases of Puerperal Fever occurred, both of which proved fatal. They both occurred in the practice of the same midwife. On each occasion she abstained from practice, on

my requiring her to do so, until her clothing and appliances had been disinfected. It would be unfair to assume that the midwife was necessarily to blame for these cases, but I am afraid that many of the untrained midwives (this one included) are not sufficiently impressed with the necessity of scrupulous cleanliness in conducting midwifery cases.

The Whitehaven Town Council, being the Local Authority under the Midwives Acts, is responsible for the supervision of midwives practising in the district. There are nine midwives registered in the Borough, of whom five are trained and hold the C.M.B. Certificate, and four are untrained or *bona-fide*. One of the certificated midwives is employed by the Council as a midwife. Another is employed by the Council as a Health Visitor and School Nurse, and is not now practising midwifery. When she was engaged it was intended that she should alternate duties with the other midwife, in order to give the latter periods of freedom from night-duty. This arrangement was, however, vetoed by the Ministry of Health.

I have inspected all the midwives once a quarter. Some of the untrained midwives cannot be described as satisfactory, but I discovered nothing at my inspections which warranted taking action.

#### THE INFECTIOUS DISEASES HOSPITAL.

Up till the end of September nineteen cases had been admitted—

Measles	...	...	...	...	...	1
Diphtheria	...	...	...	...	...	4
Scarlet Fever	...	...	...	...	...	13
Admitted as Diphtheria, but subsequently diagnosed						
as Quinsy	...	...	...	...	...	1

At the end of September three cases of Scarlet Fever remained in Hospital. All the others had been discharged, cured.

#### FACTORY AND WORKSHOPS ACT, 1901.

In my Annual Report for 1919 I stated that the ventilation in one of the workshops was receiving attention. Improvements in the ventilation have been effected, and, although the present condition is not, perhaps, all that could be desired, I think it is reasonably satisfactory.

#### HOUSING.

The House-to-house Inspections have been carried on systematically by the Sanitary Inspector. I have examined



the records of the inspections and have advised the Inspector as to the serving of notices requiring the execution of repairs and alterations. The Inspector is now engaged in re-visiting these houses to see if the notices have been complied with. Failure to comply will be reported to the Health and Housing Committee.

Those houses which appeared to be seriously defective and possibly unfit for habitation have been inspected by the Borough Surveyor and myself, and we have reported upon them in special reports to the Health and Housing Committee.

Eighty-two houses have been inspected by the Borough Surveyor and myself. The following is a summary of our findings :—

- (1) Not “reasonably fit for human habitation in all respects,” but capable of being made fit without interfering with other buildings ... 10 dwellings.
- (2) Unfit for human habitation, but capable of being made fit if demolition or alteration of other buildings were undertaken ... 30 dwellings.
- (3) Unfit for human habitation and not capable of being made fit—should be demolished ... 24 dwellings.
- (4) Unfit for habitation and not suitable for use as separate dwellings, but could be taken into other houses—  
19 dwellings.
- (5) Obstructive, but not unfit—should be dealt with as obstructive buildings, and demolished—2 dwellings.

During 1920 (up till the end of September) Closing Orders have been made in respect of a group of seven tenements.

One Demolition Order was made. Demolition has not yet been carried out.

In these cases the houses were unoccupied and in such a state that they could not be occupied.

It has not been possible to deal with any other cases by Closing or Demolition Order, owing to the shortage of houses.

Building in the Coach Road Site has proceeded, but, owing mainly to the difficulty of procuring labour and materials, progress has been less rapid than could be desired. Recently, better progress has been made. This scheme includes sixty houses. Tenders have been invited for the erection of 240 houses on the Bransty Site.



In my Annual Report for 1919, I said, “ the shortage of  
 “ houses has not only prevented the making of Closing Orders,  
 “ but has also interfered with the remedying of conditions  
 “ which are capable of remedy. Many of these defects occurred  
 “ in houses which will ultimately have to be demolished, and  
 “ it has been felt that it would be unjust to require owners to  
 “ expend considerable sums on their property when that pro-  
 “ perty would, as soon as possible, be demolished.”

I think this policy may have to be reconsidered. There is a very large number of houses which have been scheduled for demolition, and, as the systematic inspection goes on, many more will be added to the list (my estimate is 1,000 in all). Many of these, though not capable of being made fit, are capable of considerable improvement, especially in the matter of provision of better w.c. accommodation and indoor water-taps and sinks. These improvements do not entail an unreasonable expenditure. So far as one can judge, it will be many years before a sufficient number of new houses is built to allow of these houses being closed. The owners have, in most cases, been drawing revenue from these unfit houses for many years, and spending comparatively little on them. They will continue to draw revenue from them for a considerable time, unless building takes place more rapidly than appears probable. It would, perhaps, involve no injustice, therefore, to insist on improvements, such as I have indicated, being carried out, even although the houses will ultimately be demolished.

In concluding my report I should like to offer my thanks to the Chairman and Members of the Health and Housing Committee for the sympathetic consideration which they have always given to any recommendations that I have had occasion to make to them, which has made my work very pleasant during my short period of office as your Medical Officer of Health.

I am, Gentlemen,

Your obedient Servant,

T. S. Mc.INTOSH,

*Medical Officer of Health.*

# APPENDIX TO ANNUAL REPORT OF MEDICAL OFFICER OF HEALTH.

Dr. Mc.Intosh's Report covers only the period from January 1st to September 30th, 1920. The Tables in this Appendix have been prepared for the whole year. Tables VII., VIII., IX. and X. have been taken from the Annual Report of the Inspector of Nuisances.

MALCOLM MANSON,

*Medical Officer of Health.*

March 16<sup>th</sup>, 1921.

TABLE I.—VITAL STATISTICS OF BOROUGH DURING  
1920 AND FIVE PREVIOUS YEARS.

Year.	Popula- tion estimat'd to Middle of each year.	Nett Births belonging to the District.			Nett Deaths belonging to the District.					
		Total No.	Rate per 1,000 popu- lation.	Illegitimate No.	Under 1 Year of age.				At all Ages.	
					Total No.	Rate per 1,000 Live Births	Illegiti- mate No.	Rate per 1,000 Illeg. Births.	No.	Rate per 1,000 popu- lation.
1.	2.	3.	4.	5.	6.	7.	8.	9.	10.	11.
1915	19,300	555	28·76	..	89	161·82	..	..	434	22·49
1916	18,040	499	27·66	..	46	92·18	..	..	290	16·08
1917	17,892	479	24·04	..	68	141·90	..	..	279	15·59
1918	17,693	485	24·46	..	63	129·00	..	..	358	20·23
1919	{ 19,205* 18,436†	529	27·54	35	61	115·31	6	171·42	328	17·79
1920	19,171	672	35·05	27	72	107·14	5	185·18	320	16·69

\*—For calculation of the Birth-rate } Figures supplied by the Registrar  
†—For calculation of the Death-rate } General.

TABLE II.

Showing a Comparison of the Birth, Death and Infantile Mortality Rates for the Year 1920, of Whitehaven, with those of England and Wales as a whole, of certain groups of towns, of London, of the County of Cumberland, and of the Urban and Rural Districts of Cumberland.

	Birth Rate.	Death Rate.	Infantile Mortality Rate.
England and Wales ... ..	25·4	12·4	80
96 great towns, including London (Census populations exceeding 50,000) ... ..	26·2	12·5	85
148 smaller towns (Census popula- tions 20,000 to 50,000) ... ..	24·9	11·3	80
London ... ..	26·5	12·4	75
County of Cumberland ... ..	27·6	14·2	90
Urban Districts of Cumberland ...	28·8	14·7	97
Rural Districts of Cumberland ...	25·9	13·6	78
Whitehaven ... ..	35·05	16·69	107·14

TABLE III.  
CAUSES OF DEATH DURING THE YEAR 1920.

Causes of Death.	Males.	Females.
All causes .. .. .	159	161
Enteric Fever .. .. .	..	..
Smallpox .. .. .	..	..
Measles .. .. .	1	1
Scarlet Fever .. .. .	..	..
Whooping Cough .. .. .	1	4
Diphtheria and Croup .. .. .	..	1
Influenza .. .. .	7	5
Erysipelas .. .. .	..	..
Pulmonary Tuberculosis .. .. .	8	12
Tuberculous Meningitis .. .. .	5	1
Other Tuberculous Diseases.. .. .	1	5
Cancer, malignant disease .. .. .	12	12
Rheumatic Fever .. .. .	1	1
Meningitis.. .. .	1	2
Organic Heart Disease .. .. .	7	16
Bronchitis .. .. .	14	17
Pneumonia .. .. .	13	7
Other Respiratory Diseases .. .. .	3	2
Diarrhœa, &c. (under 2 years) .. .. .	6	7
Appendicitis and Typhlitis .. .. .	2	1
Cirrhosis of Liver .. .. .	..	2
Alcoholism .. .. .	..	..
Nephritis & Bright's Disease.. .. .	7	6
Puerperal Fever .. .. .	..	2
Parturition, apart from Puerperal Fever .. .. .	..	3
Congenital Debility, &c. .. .. .	13	6
Violence, apart from Suicide .. .. .	14	6
Suicide .. .. .	1	1
Other Defined Diseases .. .. .	38	41
Causes ill-defined or unknown .. .. .	4	..



TABLE IV.—DEATHS FROM EIGHT PRINCIPAL ZYMOTIC DISEASES IN 1920.

Smallpox	...	...	...	...	...	0
Measles	...	...	...	...	...	2
Scarlet Fever	...	...	...	...	...	0
Diphtheria and Croup	...	...	...	...	...	1
Whooping Cough	...	...	...	...	...	5
Typhus	...	...	...	...	...	0
Typhoid (Enteric) Fever	...	...	...	...	...	0
Diarrhœa and Enteritis (under 2 years of age)					...	13
Total						21

Zymotic Death-rate per 1,000 of population—1.09

TABLE V.—CAUSES OF INFANTILE DEATHS.

Premature Birth	...	...	...	...	5
Wasting Conditions (Atrophy, Debility, Marasmus, &c.)					12
Congenital Malformations	...	...	...	...	3
Accidents at Birth	...	...	...	...	1
Congenital Syphilis	...	...	...	...	3
Diarrhœa and Enteritis	...	...	...	...	11
Whooping Cough	...	...	...	...	4
Bronchitis and Pneumonia		...	...	...	16
Influenza	...	...	...	...	2
Tuberculosis	...	...	...	...	2
Meningitis (non-tubercular)		...	...	...	1
Convulsions	...	...	...	...	6
Accidental	...	...	...	...	1
Other Causes	...	...	...	...	5
Total					72

TABLE VI.—CASES OF INFECTIOUS DISEASE  
NOTIFIED DURING THE YEAR 1920.

NOTIFIABLE DISEASE.	CASES NOTIFIED IN WHOLE DISTRICT.									Total cases removed to Hospital.
	At all Ages.	At Ages.							Age Unknown.	
		Under 1.	1 to 5.	5 to 15.	15 to 25.	25 to 45.	45 to 65.	65 and up-wards		
Smallpox ...	.	...	...	...	...	...	...	...	...	...
Diphtheria (including Membranous Croup)	9	...	1	2	3	3	...	...	...	6
Scarlet Fever ...	25	...	5	20	...	...	...	...	...	20
Erysipelas	9	1	..	.	1	3	2	1	1	...
Typhus Fever ...	...	...	..	...	...	..	...	..	...	...
Enteric Fever ...	1	...	.	...	...	1	...	...	...	1
Relapsing Fever	...	...	...	...	...	...	...	...	...	...
Continued Fever	.	...	...	...	...	...	...	...	...	.
Puerperal Fever	2	...	...	...	2	...	...	...	...	...
Cerebro-spinal Fever ...	1	...	...	1	...	...	...	...	...	...
Pneumonia ...	2	...	...	...	...	2	...	...	.	...
Polio-myelitis	...	...	...	...	...	..	...	...	...	...
*Chicken-pox	15	...	6	8	1	.	...	...	...	...
Ophthalmia	...	...	...	...	...	...	...	...	...	...
Neonatorum	20	20	...	...	...	...	...	...	...	...
Pulmonary Tuberculosis	54	...	...	8	22	15	8	...	1	...
Other forms of Tuberculosis	16	...	2	9	4	...	1	...	...	...
Measles and German Measles	...	...	...	...	...	...	...	...	...	...
Acute Polio-encephalitis	..	...	...	...	...	...	...	...	...	...
Encephalitis Lethargica	..	...	...	...	...	...	...	...	...	...
Acute Primary & Influenzal Pneumonia	...	...	...	...	...	...	...	...	...	...
Malaria ...	...	...	...	...	...	...	...	...	...	...
Dysentery	1	...	...	...	...	...	...	...	1	...
Trench Fever	...	...	...	...	...	...	...	...	..	...
Totals	155	21	14	48	33	24	11	1	3	27

\*Made notifiable on August 13th, 1920.

HOUSING INSPECTIONS.

TABLE VII.--INSPECTIONS UNDER THE HOUSING, TOWN PLANNING, &c.,  
ACT, 1909, DURING THE YEAR 1920.

Number of Dwellinghouses Inspected.	Number of Notices Served to Remedy Defects found on Inspection.	Number of Notices complied with.	Work in hand.	Notices not complied with.	Houses found without defect.
105	100	13	20	67	5

TABLE VIII.--SHOWING THE NUMBER AND CHARACTER OF DEFECTS  
FOUND TO EXIST.

CLOSET ACCOMMODATION.			DRAINAGE AND SLOP WATER.			LIGHT AND VENTILATION.		Defective Walls, Roofs, Ceilings, and Spouts.	Defective Floors and Stairs.	Defective Paving of Yards.	Absence of Through Ventilation.
In- sufficient.	Situation Unsuitable requiring Removal.	Condition Defective requiring Re- construction.	Defective Drains	Defective Gullies.	Defective Sinks and Waste- Pipes.	Windows Fixed.	Windows requiring New Sashes.				
3	14	17	3	2	9	19	14	13	5	18	40
TABLE VIII.-- <i>contin.</i>											
			Back to Back Houses.		Houses Unfit for Habitation.		Overcrowding in Houses.		TOTAL.		
			24		3		8		192		

## TABLE IX.

## SUMMARY OF SANITARY INSPECTOR'S REPORT, 1920.

Defective roof walls and ceilings (causing dampness) ...	16
„ Rain-water spouts ... ..	16
„ Water supply (from defective connections) ...	9
„ Gully traps ... ..	2
„ and choked drains ... ..	26
„ Paving and channelling in courts, yards, etc.	9
„ Sink connections ... ..	6
„ Bath and lavatory wastes... ..	1
„ Wash Basin not properly trapped ... ..	1
„ Urinal ... ..	1
„ Middenstead ... ..	2
„ Water-tap and pipes (wasting water) ...	14
„ Floors (harbouring dirt) ... ..	3
„ Stairs and Steps ... ..	3
Accumulations of manure in connection with stables, cowsheds and slaughter-houses ... ..	14
W.C.'s in insanitary state, fittings defective, &c. ...	49
Houses and premises in insanitary condition ...	14
Limewashing of courts ... ..	1
„ „ slaughter-houses ... ..	14
„ „ cowsheds ... ..	20
Nuisances caused by fish offal ... ..	16
„ „ „ pigs and poultry ... ..	4
Defective and dangerous cross-channels in streets ...	2
Nuisances caused by deposit of bones ... ..	3
	<hr/>
	246
Miscellaneous ... ..	83
	<hr/>
	<u>329</u>

## UN SOUND FOOD.

Carcases of Beef, 4.	Preserved Beef, 90 tins.
„ Mutton, 43.	„ Chicken, Rabbit, Tongue
Bacon, 238 lbs.	8 tins.
Cheese, 20 lbs.	„ Fruit, 31 tins.
Preserved Milk, 7 tins.	„ Fish, 13 tins.



TABLE X.

Workshops on the Register at the end of the Year 1920.

Nature of Business.	No. of Work-shops.	Number of Persons employed.		
		Male.	Female.	Total.
Dressmakers and Milliners ... ..	17	...	59	59
Bakers ... ..	9	11	37	48
Tailors ... ..	9	35	20	55
Joiners ... ..	3	9	...	9
Cloggers ... ..	6	13	...	13
Boot and Shoemakers ... ..	5	16	...	16
Dealers in Cycles and Motors ... ..	4	27	1	28
Braziers and Tinsmiths... ..	1	4	...	4
Saddlers ... ..	2	12	6	18
Tallow Melter ... ..	1	2	3	5
Bacon Washer ... ..	1	3	...	3
Plumbers ... ..	7	42	...	42
Coach Builder ... ..	2	6	...	6
Aerated Water Maker ... ..	2	12	...	12
Hosier ... ..	1	..	1	1
Blacksmith ... ..	1	3	...	3
Builder ... ..	1	18	...	18
Upholsterers ... ..	2	...	4	4
Watchmaker ... ..	1	2	...	2
Total ... ..	75	215	131	346

